

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
<b>I. Type of Notification (O=Original R=Revised C=Canceled)</b>					
<b>II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</b>					
OWNER NAME: <u>ORANGE &amp; Rockland Utilities</u>					
Address: <u>71 Dolsen Ave</u>					
City: <u>Middletown</u>	State: <u>NY</u>	Zip: <u>12940</u>			
Contact:		Tel:			
REMOVAL CONTRACTOR: <u>BSB Construction Inc.</u>					
Address: <u>86 Washington ST</u>					
City: <u>Poughkeepsie</u>	State: <u>NY</u>	Zip: <u>12601</u>			
Contact: <u>FRANK BOVA</u>		Tel: <u>845-462-5236</u>			
<b>OTHER OPERATOR:</b>					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
<b>III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)</b> <u>R</u>					
<b>IV. IS ASBESTOS PRESENT? (Yes/No)</b> <u>Yes</u>					
<b>V. FACILITY DESCRIPTION (Include building name, number and floor or room number)</b>					
Bldg. Name: <u>ORANGE &amp; Rockland Utilities</u>					
Address: <u>71 Dolsen Ave</u>					
City: <u>Middletown</u>	State: <u>NY</u>	County: <u>Orange</u>			
Site Location: <u>Exterior Wall panels</u>					
Building Size: <u>50,000 -</u>	# of Floors: <u>2</u>	Age in Years: <u>50 +</u>			
Present Use: <u>Garage/Storage/office</u>	Prior Use: <u>Garage/Storage/office</u>				
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <u>Bulk Samples taken By owner</u>					
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</b>	<b>RACM To Be Removed</b>	<b>Nonfriable Asbestos Material Not To Be Removed</b>		<b>Indicate Unit of Measurement Below</b>	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		<b>Category I</b>	<b>Category II</b>	<b>UNIT</b>	
Pipes				LnFt:	Ln M:
Surface Area	<u>3400</u>			SqFt: <u>3400</u>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:</b> <u>10-7-16</u>				<b>Complete:</b> <u>12-7-16</u>	
<b>IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:</b> <u>10-20-16</u>				<b>Complete:</b> <u>12-20-16</u>	



**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

**XII. WASTE TRANSPORTER #1** TRANS WASTE

Name: TRANS WASTE

Address: 3 Barker Drive

City: Wallingford

State: CT

Zip: 06492

Contact Person:

Tel: 203-269-8300

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIII. WASTE DISPOSAL SITE**

Name: MINERVA

Address: 8955 MINERVA RD SE

City: WAYNSBORO

State: OH

Zip: 44688

Tel: 330-866-3435

**XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

**XV. FOR EMERGENCY RENOVATIONS:**

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Follow All EPA, DOL & OSHA

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.**

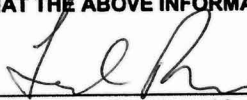


(Signature of Owner/Operator)

9-19-16

(Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**



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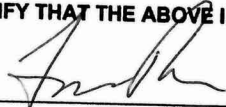


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